

COURSE ENROLMENT FORM

First Name: _____ Last Name: _____ Sex: _____

Postal address _____ Post code _____

Street address (Please tick here if same as postal) _____ Post code _____

Telephone (H): _____ Telephone (M): _____

Telephone (W): _____ Date of Birth: _____

E-mail Address: _____

Emergency contact name: _____ Phone number: _____

Date	Fee	Course Name	Office Use		Only
			Paid	Rec#	Invoice #

A \$50 non-refundable deposit is required to confirm your spot in our B/G course. Full payment for the RSA and RSG course is required when booking * (Please see Cancellation procedures)

PAYMENT MADE BY: CASH CREDIT CHEQUE EFTPOS

STATISTICAL INFORMATION

Employment Status	Educational Status	Disability	Nationality
Please tick box: Unemployed seeking full time work <input type="checkbox"/> Unemployed seeking part time work <input type="checkbox"/> Not employed & not seeking employment <input type="checkbox"/> Employed: Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/>	What was the highest year level completed at High School: Year you Completed High School: Have you successfully completed any of the following qualifications: Bachelor or Higher Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Miscellaneous <input type="checkbox"/>	Do you consider yourself to have a disability, impairment or long-term condition? No <input type="checkbox"/> Yes <input type="checkbox"/> If you have ticked yes please state type: Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision/Sight <input type="checkbox"/> Medical Illness <input type="checkbox"/> Other <input type="checkbox"/>	Were you born in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please state the country of birth other than Australia Are you of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>

Students' declaration (please read carefully) - A parent or guardian must sign if student under 18 years.
 I hereby certify that the particulars herein are correct and I agree to abide by the Currumbin RSL College Rules and Regulations and acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use.

Signature: Date: Relationship to Applicant:

Document name	Course Enrolment Form	Revised January 2009
Version Number	13	